7H-25M-70143

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THIS CERTIFICATE NOT VALID UNLESS FILED IN THE HEALTH DEPARTMENT

Certificates Containing Alterations or Omissions are Unacceptable

DO NOT WRITE IN THIS SPACE. MARGIN RESERVED FOR CODING AND BINDING

Cert. No.

Place

Died: Date

SEE OTHER SIDE

Certificate of Birth

(DELAYED REGISTRATION)

Special Certificate No. .....

1. Full name of child FRANCES (First name) LEVINE (Last name)
(*Print or typewrite*) Middle name

2. Sex: F
3. Color or Race: white
4. Number of children born of this pregnancy: 1
5. If more than one, number of this child in order of birth:
6. Date of child's birth: March (Month) 22 (Day) 1892 (Year) 6a. Hour: A.M. / P.M.

7. **PLACE OF BIRTH**
(a) NEW YORK CITY: (b) Borough Manhattan
(c) Name of Hospital or Institution 21 Attorney St
(*If not in hospital or institution, give street and number.*)

8. **MOTHER'S RESIDENCE AT TIME OF BIRTH:** (a) State New York
(b) Co. New York (c) Town or City New York
(d) No. 21 Attorney St Ave. St.

FATHER

9. Full name Max Levine
10. Color or race White
11. Age at time of this birth 27 (years)
12. Birthplace (city or place and State, or country) Russia
13. Trade or Occupation Tailor

MOTHER

14. Full maiden name Annie Charney
15. Color or race White
16. Age at time of this birth 27 (years)
17. Birthplace (city or place and State, or country) Russia
18. Trade or Occupation Housewife

19a. Total number of children BORN ALIVE PREVIOUS to this pregnancy 2

19b. Number of children born PREVIOUS to this pregnancy and LIVING AT TIME OF THIS BIRTH 2

I hereby certify that this child was born alive at the hour and on the date stated above, and that all the facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

(Signed) Frances L. Freedman (Relationship)

Date Dec 26, 1944 (Signed) ..... (Relationship)

ABSTRACT OF EVIDENCE SUBMITTED IN SUPPORT OF APPLICATION

(To be completed by the Health Department)

Application No. ..... to record a birth not registered at the time of its occurrence, and the supporting affidavits, together with the documentary evidence summarized above, comply substantially with the Rules of the Board of Health adopted pursuant to the provisions of Section 567 of the New York City Charter. The filing of this certificate of birth is, therefore, APPROVED.

Date..... .....Registrar of Records

BUREAU OF VITAL RECORDS AND STATISTICS **DEPARTMENT OF HEALTH** **CITY OF NEW YORK**